SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 102 (check only one)

FOR LINE NUMBER: (check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

A.

Full Name (Last, First, Middle Initial)
Michael C MacMillan

Mailing Address 12375 Indian Pl

City	State	Zip Code
Charlevoix	MI	49720-9347

FEC ID number of contributing federal political committee. **C**

Name of Employer
self

Occupation
CRNA

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 1

Transaction ID: 33460404

Amount of Each Receipt this Period
400.00

Aggregate Year-to-Date ▼
400.00

B.

Full Name (Last, First, Middle Initial)
Douglas J Ell

Mailing Address 3805 Parkridge Dr

City	State	Zip Code
Rapid City	SD	57702-0507

FEC ID number of contributing federal political committee. **C**

Name of Employer
Rapid City Regional Hospi-tal

Occupation
CRNA, CNA

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33460406

Amount of Each Receipt this Period
300.00

Aggregate Year-to-Date ▼
400.00

C.

Full Name (Last, First, Middle Initial)
Louise E E. Hershkowitz

Mailing Address 2020 Turtle Pond Dr

City	State	Zip Code
Reston	VA	20191-4048

FEC ID number of contributing federal political committee. **C**

Name of Employer
Fair Oaks Anesthesia Asso-ciates, Inc.

Occupation
CRNA

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 1 1

Transaction ID: 33460408

Amount of Each Receipt this Period
280.00

Aggregate Year-to-Date ▼
480.00

SUBTOTAL of Receipts This Page (optional) .... ▶ 980.00

TOTAL This Period (last page this line number only) .... ▶

FE6AN026

FEC Schedule A (Form 3X)   (Revised 02/2003)